

Revised 08/08

## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A

DES MOINES, IA 50319

Fax: (515)281-4073

www.iowa.gov/ethics

Reset Form

## FORM-GB

Gift or Bequest information received  
by a department or accepted by the  
Governor on behalf of the state

## For office use only

Indexed \_\_\_\_\_

Audited \_\_\_\_\_

Checked \_\_\_\_\_

Computer \_\_\_\_\_

Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

## DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

## IA Department of Human Rights

Name of Department or Office  
321 E 12th Street

Des Moines IA 50319

Mailing Address  
515-281-3274

City, State, Zip Code

Area Code &amp; Telephone No.

## CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Kimberly Checks

Name

Mailing Address (if different from above)

kim.checks@iowa.gov

City, State, Zip (if different from above)

Email Address

Area Code &amp; Telephone Number (if different from above)

## DONOR OF GIFT OR BEQUEST:

Kevin &amp; Donna Burkett

Name

425 Boulder Ridge Ct

Pleasant Hill IA 50327-2219

Mailing Address

515-229-8186

City, State, Zip Code

Area Code &amp; Telephone Number

imani40@hotmail.com

Email Address (optional)

January 14, 2019

\$25.00

Date of Gift or Bequest

Amount/Value\*

\*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

Donation - 2019 MLK Event - "I Have a Dream" to be held 1/19/19 in DSM

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

## Statement of Affirmation:

I, Kimberly Checks, affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Kim Checks / for  
Signature

January 28, 2019

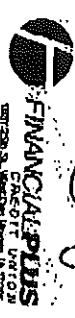
Date

DONNA BENDER  
MARY GRAVES  
425 BOGIDER RD. CR. CT.  
PLEASANT HILL, IA 50327-2219

1/14/19

DATE

7202



PAY TO THE ORDER OF State of African Americans \$ 25.00  
Agency for Public Health

FOR ple. check Donna M. Bender  
# 273074261# 00000402545# 7202

Please include me as a

*sponsor!*

30th Anniversary  
Sponsorship Levels

Name: Kevin and Donna Bender  
Address: 425 Bogider Rd. Cr. Ct. Pleasant Hill, 50327  
Phone Number: 515-229-8186  
e-mail: Kevin420@hotmail.com

Please contact us if you would like to volunteer

or offer an in-kind contribution.

- ☐ \$150+ SUSTAINER
  - ☐ \$100 CONTRIBUTOR
  - ☒ \$50 SUPPORTER
  - ☐ \$25 FRIEND
  - ☐ Other amt. ADVOCATE
- Mail to: Kim Cheeks  
Status of African Americans  
Lucas State Office Building  
Des Moines, Iowa 50319